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24197 7590 03/09/2005

**KLARQUIST SPARKMAN, LLP**  
**121 SW SALMON STREET**  
**SUITE 1600**  
**PORTLAND, OR 97204**

06/07/2005 FFANIA3 00000105 10654187

01 FC:1501 1400.00 DP  
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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.

**Michael P. Girard** (Depositor's name)  
*Michael P. Girard* (Signature)  
 JUNE 1, 2005 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/654,187	09/02/2003	Norbert Schatz	5497-66279	5158

TITLE OF INVENTION: ROTATION LOCK DEVICE FOR PREVENTING UNDESIRE ROTATION OF A SHAFT ESPECIALLY FOR HANDPIECES USED IN MEDICAL TREATMENTS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	06/09/2005
EXAMINER	ART UNIT	CLASS-SUBCLASS			
O'CONNOR, CARY E	3732	433-126000			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

**Klarquist Sparkman, LLP**

2 \_\_\_\_\_  
 3 \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

**W&H Dentalwerk Burmoos GmbH**

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

**Austria**Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☐ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee  
☒ Publication Fee (No small entity discount permitted)  
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5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

*Michael P. Girard*

Date

**JUNE 1, 2005**

Typed or printed name

**Michael P. Girard**

Registration No.

**38,467**

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